Use this form to request a new build template for **shared** iPhone/iPad use only. Only applications and features needed to perform required tasks on the iPhones or iPads should be installed on the iPads.

**Requirements**

* iOS and iPadOS must support the latest required minimum version (15.4+)
* iPhones and iPads purchased under our “UCLA Health” Apple School Manager Account

**Restrictions enforce by default (Exceptions may require further approval from the Compliance Office)**

* Passcode Required
* No Unrestricted Safari Browser
* No camera app
* No photos app
* No screen capture
* No iCloud Backup
* No App Store
* No Bluetooth Settings modifications
* No iMessage/Texting
* FaceTime
* No Biometrics to unlock device

**NOTICE**

* Please complete all sections. Incomplete forms will not be processed until all required fields have been completed.
* Please attach the form to the request or send completed form to UCLAmdm@mednet.ucla.edu.

***MDM Admin User Only***

*Received On: (Date)*

*Reviewed By: (Name and Date)*

*Completed By: (Name and Date)*

*Completion Date: (Date)*

**Owner Information**

Admin Contact

Please provide the contact information for the person(s) at UCLA who will be responsible for the iPhones/iPads and all approvals for changes on the devices in the future.

|  |  |
| --- | --- |
| **Name** |  |
| **Department** |  |
| **Phone** |  |
| **Email** |  |

Technical Contact

Please provide the contact information for the person(s) at UCLA who will be responsible for the physical setup and troubleshooting of the iPads when needed (if different from admin contact).

|  |  |
| --- | --- |
| **Name** | Diana Beltran or Mark Buenviaje |
| **Department** | Semel |
| **Phone** | (310) 825-7804 or (310) 825-1233, respectively |
| **Email** | semelitbuy@mednet.ucla.edu |

Vendor Contact

Contact information for vendor or the UCLA contact that will be responsible for reaching out to the vendor if needed. If not applicable to your use case, put N/A.

|  |  |
| --- | --- |
| **Name** | Diana Beltran or Mark Buenviaje |
| **Department** | Semel |
| **Phone** | (310) 825-7804 or (310) 825-1233, respectively |
| **Email** | semelitbuy@mednet.ucla.edu |

**Deployment Information**

|  |  |
| --- | --- |
| **NPR/TIX #** |  |
| **Number of Devices** |  |
| **Serial Numbers of the Devices (if not in NPR/TIX# above)** |  |
| **Target Deployment Date** |  |
| **How will the devices be stored? Will it be taken home/offsite, etc.?** |  |
| **Does it need to be able to access UCLA network (UCLAHealthSecure)? If so, does it need to use a specific service account?**  |  |

**Configurations Information**

List the apps that will be needed on the iPhones/iPads.

NOTE: If the apps are not already approved for use at UCLA, we may need further approval from IT Security and/or Compliance Office.

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**Websites**

**List URLs and Domains that the browser will need to be able to access.
[*Note: Secure Browser will only have access to the URLs and domains listed]***

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**Additional Information**

(Please include any other information that should be taken into consideration for this request)